



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
2/21/2020

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS York International Agency, LLC 500 Mamaroneck Avenue Suite 220 Harrison, NY 10528	PHONE (A/C, No, Ext): (914) 376-2200	COMPANY NAME AND ADDRESS Clermont Insurance Company 301 Route 17 N, Suite 900 Rutherford, NJ 07070	NAIC NO: 33480
Contact name:	FAX (A/C, No): (914) 376-2891	E-MAIL ADDRESS: certificate@yorkintl.com	
CODE:	AGENCY CUSTOMER ID #: 350BLEE-01	SUB CODE:	
NAMED INSURED AND ADDRESS 350 Bleecker Street Apt. Corp. Maxwell-Kates Inc. 9 East 38th Street- 6th Fl. New York, NY 10016		POLICY TYPE Commercial Package	LOAN NUMBER
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 6/1/2019	EXPIRATION DATE 6/1/2020
		POLICY NUMBER 412179043132	
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
350 Bleecker Street, New York, NY 10014 137 Residential Units

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 27,600,000				DED: 5,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 24
BLANKET COVERAGE		<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>		
REPLACEMENT COST		<input checked="" type="checkbox"/>		
AGREED VALUE		<input checked="" type="checkbox"/>		
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: 27,600,000 DED: 5,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
- Demolition Costs		<input checked="" type="checkbox"/>		If YES, LIMIT: 5,000,000 DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>		If YES, LIMIT: 5,000,000 DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: 10,000,000 DED: 25,000
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: 10,000,000 DED: 25,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>		

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST	CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
	MORTGAGEE			
NAME AND ADDRESS Proof of Insurance				AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

AGENCY York International Agency, LLC		NAMED INSURED 350 Bleecker Street Apt. Corp. Maxwell-Kates Inc. 9 East 38th Street- 6th Fl. New York, NY 10016	
POLICY NUMBER 412179043132		EFFECTIVE DATE: 06/01/2019	
CARRIER Clermont Insurance Company	NAIC CODE 33480		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:**125% EXTENDED REPLACEMENT COST IS INCLUDED.****BUILDING LIMIT WITH ERC = \$34,500,000.****DEMOLITION & INCREASED COST OF CONSTRUCTION HAVE A COMBINED LIMIT OF \$5,000,000.**